DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

HEALTH CARE FINANCING ADMINISTRATION OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-31	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 21, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
1915 (g) of the Social Security Act	a. FFY 2003 $121.36 b. FFY 2004 $1,134.01
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
~~Attachment 3.1-A, Item 19, Page 6~~ ~~Attachment 3.1-A, Item 19, Page 7~~ Supplement 1 to Attachment 3.1-A, Page 1F ** See Remarks **	~~Same (TN 00-29)~~ (this pg. still in sec 8/27 e-mail) ~~Same (TN 00-29)~~ (" " " " ") Same (TN 00-29) ** See Remarks

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to expand this program to include three additional DHH regions and to change the name of the program from Nurse Home visits for First Time Mothers to the Nurse Family Partnership Program.**

Louisiana (03-31)
approved: 08/31/04
effective: 08/21/03

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

■ OTHER, AS SPECIFIED: **The Governor does not review state plan material**

12. SIGNATURE OF STATE AGENCY OFFICIAL: David W Hood	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 24, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 29 SEPTEMBER 2003	18. DATE APPROVED: 31 August 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 August 2003	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

** ~~Pen + Ink Changes per State's ltr dated 2/19/04~~ withdrawn by State on 5/6/04

** Pen + Ink Changes pe State's E-mail Ltr dated 6/17,04 (See pg. 6)

FORM HCFA-179 (07-92)

a hearing impairment, the determination of special needs must be made by a licensed audiologist or physician.

2. Documentation that substantiates that the EPSDT recipient meets the definition of special needs includes but is not limited to:

   a. receipt of special education services through the state or local education agency; or

   b. receipt of regular services from one or more physicians; or

   c. receipt of or application for financial assistance such as SSI because of a medical condition, or the unemployment of the parent due to the need to provide specialized care for the child; or

   d. a report by the recipient's physician of multiple health or family issues that impact the recipient's ongoing care; or

   e. a determination of developmental delay based upon the Parents' Evaluation of Pediatric Status, the Brignance Screens, the Child Development Inventories, Denver Developmental Assessment, or any other nationally recognized diagnostic tool.

F. Nurse-Family Partnership Program (First Time Mothers)

1. A recipient must not be beyond the 28th week of pregnancy and must attest that she meets one of the following definitions of a first-time mother in order to receive case management services:

   a. is expecting her first live birth, has never parented a child and plans on parenting this child; or

STATE Louisiana
DATE RECD 9-29-03
DATE APPV'D 8-31-04
DATE EFF 8-21-03
HCFA 179 03-31

A

SUPERSEDES TN 00-29

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

b. is expecting her first live birth, has never parented a child and is contemplating placing the child for adoption; or

c. has been pregnant, but has not delivered a child because of an abortion or miscarriage; or

d. is expecting her first live birth, but has parented stepchildren or younger siblings; or

e. had previously delivered a child, but her parental rights were legally terminated within the first six months of that child's life; or

f. has delivered a child, but the child died within the first six months of life.

2. Recipient must reside in the Department of Health and Hospitals (DHH) designated administrative regions of Baton Rouge (Region II), Thibodaux (Region III), Lafayette (Region IV), Lake Charles (Region V), Alexandria (Region VI), Shreveport (Region VII), and Monroe (Region VIII).

3. A physician's statement, medical records, legal documents, or birth and death certificates will be required as verification of first-time mother status.

STATE Louisiana
DATE RSC'D 9-29-03
DATE APP'V'D 8-31-04
DATE EFF 8-21, 03
HCFA 179 03-31

A

SUPERSEDES TN 00-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

STATE: Louisiana
DATE RECD: 9-29-03
DATE APPVD: 8-31-04
DATE EFF: 8-21-03
HCFA 179: 03-31
A

CASE MANAGEMENT SERVICES

A. Target Group:

Nurse-Family Partnership Program (First Time Mothers)-First time mothers who reside in specified DHH regions and are not beyond the 28th week of pregnancy.

B. Areas of State in which services will be provided:

/ / Entire State.

/X/ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

DHH Region II – Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana Parishes
DHH Region III – Assumption, LaFourche, St. Charles, St. James, St. John, St. Mary, Terrebonne Parishes
DHH Region IV - Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion Parishes
DHH Region V – Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis Parishes
DHH Region VI – Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn Parishes
DHH Region VII - Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Red River, Sabine, Webster Parishes
DHH Region VIII – Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll Parishes

C. Comparability of Services

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:Cas e management is defined as services provided to individuals to assist them in gaining access to the full range of services including medical, social, educational, and other support services. The Department uses a broker model of case management in which recipients are referred to other agencies for the specific services

SUPERSEDES TN: 00-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

that they need. These services are determined by individualized planning with the recipient's family and other persons/professionals deemed appropriate. Services are provided in accordance with a written comprehensive plan of care (CPOC) which includes person-centered outcomes. All case management services must be provided by qualified staff. The provider must ensure that there is no duplication of payment, that there is only one primary case manager for each eligible recipient, and that the recipient is not receiving other case management services from any other provider. All enrolled providers are required to perform core elements including the following:

1. Intake. The purpose of intake is to serve as an entry point for case management services and to gather baseline information to determine the recipient's need, appropriateness, eligibility and desire for case management.

2. Assessment. Assessment is the process of gathering and integrating formal and informal information regarding a recipient's goals, strengths, and needs to assist in the development of a person centered comprehensive plan of care. The purpose of the assessment is to establish a contract between the case manager and the recipient for the provision of service. The assessment shall be performed in the recipient's home.

3. Service Planning. The CPOC is a written plan based upon assessment data (which may be multidisciplinary), observations, and other sources of information which reflect the recipient's needs, capacities and priorities. The purpose of the plan is to identify services required and the resources available to meet these needs.

   a.) The CPOC must be developed through a collaborative process involving the recipient, family, case manager, other support systems, appropriate professionals and service providers. It shall be developed in the presence of the recipient; therefore, it cannot be completed prior to a meeting with the recipient. The recipient, family, case manager, support system and appropriate professional personnel must be directly involved and agree to assume specific functions and responsibilities.

   b.) The CPOC must be completed and submitted for approval within 35 calendar days of the referral for case management services.

4. Linkage. Linkage is the arranging of services agreed upon with the recipient and identified in the CPOC. Upon the request of the recipient or responsible party, attempts must be made to meet service needs with informal resources as much as possible.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

5. Follow-Up/Monitoring. Follow-Up/Monitoring is the mechanism used by the case manager to assure the appropriateness of the CPOC. The purpose of follow-up/monitoring contacts is to determine if the services are being delivered as planned; are effective and adequate to meet the recipient's needs; and whether the recipient is satisfied with the services. Through follow-up/monitoring activity, the case manager not only determines the effectiveness of the CPOC in meeting the recipient's needs, but identifies when changes in the recipient's status necessitate a revision in the CPOC.

6. Reassessment. Reassessment is the process by which the baseline assessment is reviewed and information is gathered for evaluating and revising the overall CPOC. Every 6 months a complete review of the CPOC must be performed to assure that the goals and services are appropriate to the recipient's needs as identified in the assessment/reassessment process. A reassessment is also required when a major change occurs in the status of the recipient and/or his family.

7. Transition/Closure. Discharge from a case management agency must occur when the recipient no longer requires services, desires to terminate services, becomes ineligible for services, or chooses to transfer to another case management agency. The closure process must ease the transition to other services or care systems. The agency shall not retaliate in any way against the recipient for terminating services or transferring to another agency for case management services.

8. Maintenance of Records. All agency records must be maintained in an accessible, standardized order and format at the DHH enrolled office site. The agency must have sufficient space, facilities and supplies to ensure effective record keeping.

   a. Administrative and recipient records must be maintained in a manner to ensure confidentiality and security against loss, tampering, destruction or unauthorized use.

   b. The case management agency must retain its records for the longer of the following time frames:

      (1) Five years from the date of the last payment; or
      (2) Until the records are audited and all audit questions are answered.

   c. Agency records must be available for review by the appropriate state and federal personnel at all reasonable times.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

A minimum of one home visit per quarter is required for all recipients. However, home/family visits for this specific target group are required more frequently as specified in the individual recipient's CPOC.

A unit of service is defined as one (1) face to face contact with the recipient.

E. **Qualification of Providers:** The provider agency must comply with licensure and certification requirements, provider enrollment requirements and the case management services manual. All case management providers must comply with the requirements listed below.

Demonstrate direct experience in successfully serving the target population and have demonstrated knowledge of available community services and methods for accessing them including the following:

maintain a current file of community resources available to the target population and have established linkages with those resources;

demonstrate knowledge of the eligibility requirements and application procedures for federal, state, and local government assistance programs which are applicable to the target population served;

employ a sufficient number of case managers and supervisory staff to comply with staff coverage, staffing qualifications and maximum caseload size requirements described in the Standards for Payment.

Possess a current license to provide case management services in Louisiana or written proof of application for Bureau of Community Supports and Services (BCSS) licensure.

Demonstrate administrative capacity and financial resources to provide all core elements and ensure effective service delivery to the target population in accordance with licensing and programmatic requirements.

Assure the recipient's right to elect to receive or terminate case management services. Assure that each recipient has freedom of choice in the selection of an available case management agency, a qualified case manager, or other service providers and the right to change providers or case managers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Maintain a toll-free telephone number to ensure that recipients have access to case management services 24 hours a day, seven days a week. Recipients must be able to reach an actual person in an emergency, not a recording.

Staffing Qualifications for Case Managers and Supervisors

All case managers and supervisors providing case management services to this specific target group must meet the following educational qualifications:

Possession of a license or temporary permit to practice professional nursing in the State of Louisiana, and

Certification of training in the Nurse Family Partnership Training (NFP) I, II, and III (Previously known as David Olds Prenatal and Early Childhood Nurses Home Visit Model).

In addition, supervisors must have one year of professional nursing experience. A master's degree in nursing or public health may be substituted for the required year of professional nursing experience for the supervisor.

Providers requesting enrollment to provide Medicaid case management services must submit a written request to BCSS identifying the case management population and the DHH administrative region(s) they plan to serve. A new provider must attend provider enrollment orientation prior to obtaining a provider enrollment packet.

In accordance with requirements of 42 CFR 431.51, recipients may obtain services from any agency that is qualified to furnish the services and willing to furnish them to the recipient. The State assures that any qualified provider may enroll and participate in Targeted Case Management Nurse Family Partnership Medicaid Program.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial Care and Services Item 19 (Cont'd)
42 CFR 447.201 440.302	

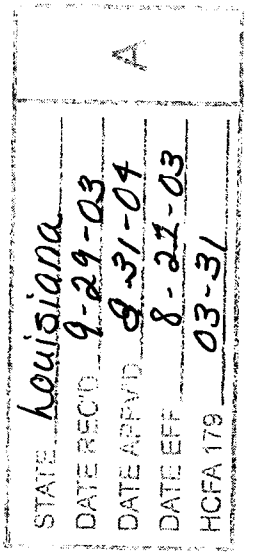
OPTIONAL TARGETED CASE MANAGEMENT SERVICES

REIMBURSEMENT METHODOLOGY

Nurse Family Partnership-Effective for dates of service on or after August 21, 2003, Medicaid payments to state operated nurse family partnership (NFP) program providers shall be based on the basic Medicare formula for determining the routine service cost limits as follows:

1. Calculate the state operated NFP program per visit routine costs in a base year.
2. Inflate the per visit routine cost from the mid point of the base year to the mid point of the rate year using the Medicare Economic Index (MEI).
3. Capital and ancillary costs for the state operated NFP program shall be paid on a cost basis with no inflation.

The sum of the calculations for per visit routine services costs and per visit capital and ancillary costs shall be the per visit rate for the state operated NFP program.



Private providers shall be reimbursed at 76.61% of the reimbursement rate for state operated providers.

At least every three years, audited cost report items will be compared to the rate components calculated for the cost report year to determine whether the rates remain reasonably related to costs or if the rates should be rebased.

State operated and private nurse-family partnership providers shall be required to submit annual cost reports on forms developed and maintained by the Bureau of Health Services Financing, Rate and Audit Review Section. Cost data reported on the cost reports shall be used in the calculation of per visit rates.

A unit of service is defined as one (1) face to face contact with the recipient.